

# Surveillance Consultation - Comments table 23/04/2025 – 08/05/2025

ID	Туре	Stakeholder	Document	Question	Comments Please insert each new comment in a new row	<b>Developer's response</b> Please respond to each comment
1	SH	AbbVie	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	AbbVie agree with the proposed amendments to better reflect the balance between the benefits and harms associated with the use of these medicines.	Thank you for your comments.
2	SH	AbbVie	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a	Per NICE's strategic ambition to produce high quality guidance that is relevant, timely, useable and impactful, there is an urgent need to instigate a review of section 1.3 of the clinical guideline. This section of the guideline is no longer relevant, therefore, making it difficult for HCPs to use, limiting impact.	Thank you for your comment. We will pass your comments on to the surveillance team for them to consider when they review this guideline for update.



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				'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.		
3	SH	AbbVie	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you	In particular, at present, the current clinical guideline (section 1.3) does not reflect the current standard of care for migraine patients. There are now additional, innovative therapies with positive NICE guidance for the prophylactic treatment of migraine that are not currently included in the guideline. This includes calcitonin gene-related peptide (CGRP) monoclonal antibodies (erenumab, galcanezumab, fremanezumab and eptinezumab) and oral small molecule CGRP receptor antagonists (atogepant and rimegepant), which also are known as gepants. Furthermore, gepants can be prescribed in a primary as well as secondary care setting which should be accurately reflected in the guideline.	Thank you for your comment. As part of the NICE project to bring our guidance together by topic, the relevant technology appraisals for migraine treatments will be incorporated into this guideline. We will also pass your comments on to the surveillance team for them to consider when they review this guideline for update.



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4	SH	AbbVie	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	NICE guidelines are well respected and referred to worldwide for being up to date and evidence-based, as such AbbVie believe the headache guidelines require an update to section 1.3 to ensure they reflect the current standard of care.	Thank you for your comment. We will pass your comments on to the surveillance team for them to consider when they review this guideline for update.
5	SH	NHS England	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of	Simon Kenny, NCD for Children and Young People Service Agree.	Thank you for your comment.



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6	SH	NHS England	Surveillanc e Consultati on- NICE guideline CG150	migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale. Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated	Dr Anne Worrall-Davies The proposal suggests changing the terminology from "USING" certain medications for headaches to "CONSIDERING" their use based on a re- evaluation of cost-benefit factors. For people with a learning disability and autistic people, particularly for children aged 12 and above, it is essential to address potential inequalities in the equalities section. Specifically, prescribers must be aware of how to communicate effectively with children and young people (CYP), as well as individuals who are autistic or have a learning disability. Currently, the equalities section only	Thank you for your comment. NICE refers users to the webpage regarding 'making decisions about your care' in every guideline. This notes the importance of shared decision making and highlights NICE's guideline in this area. This guideline discusses the importance of communication in healthcare.
				with the use of these	mentions pregnancy and medication use.	



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				medicines? If you disagree please provide a rationale.		
7	SH	NHS England	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	Dr Amy Dissanayake From an autism perspective, it is crucial to acknowledge that individuals may experience and describe pain differently than the general population. This highlights the need for specific adjustments and sensory adaptations to ensure appropriate access to care. By understanding these differences, we can better support individuals in receiving the care they require without facing additional barriers and health inequalities.	Thank you for your comment. NICE refers users to the webpage regarding 'making decisions about your care' in every guideline. This notes the importance of the patient's right to be involved in making choices about their care.
8	SH	NHS England	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the	Rachel Snow-Miller For people with a learning disability, it is important to recognise that headaches can mask other symptoms. Individuals may present with a headache, which could actually be indicative of pain in another area.	Thank you for your comment. We will pass your comments and included studies on to the surveillance team for them to consider when they review this guideline for update.



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				prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	row Diagnostic overshadowing is a significant challenge, especially in primary care settings. Additionally, we must consider potential drug interactions with other medications that individuals may be taking. Beyond this, it is vital to remember that individuals with a learning disability may require reasonable adjustments to their care. Standard line around inequalities: The review should include reference to the health inequalities experienced by people with a learning disability and autistic people and highlight the need for tailored interventions/ reasonable adjustments to care in line with the Equality Act 2010/ accessible communication. Relevant data sources: LeDeR 2022 report (Kings College London) 2022 LeDeR report into the avoidable deaths of people with learning disabilities - King's College London (kcl.ac.uk) (https://gbr01.safelinks.protection.outlook.co m/?url=https%3A%2F%2Fwww.kcl.ac.uk%2F news%2F2022-leder-report-into-the-avoidable-deaths-of-people-with-learning-disabilities&data=05%7C02%7Casher.fleary-	



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					rowdensu%40nhs.net%7C4b92d5b53962400f375008dd8d6c17d2%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638822217569954278%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIIYiOiIwLjAuMDAwMCIsIIAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIIdUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=TGkJhiUkRKLbhjxbpXk%2BPEAel48MTrJLk%2FSjn7rNBqQ%3D&reserved=0)Health and Care of People with LearningDisabilities Experimental Statistics 2020 to2021 - NHS Digital(https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.nhs.uk%2F	Please respond to each comment
					data-and- information%2Fpublications%2Fstatistical%2 Fhealth-and-care-of-people-with-learning- disabilities%2Fexperimental-statistics-2020- to- 2021%23highlights&data=05%7C02%7Cash er.fleary- densu%40nhs.net%7C4b92d5b53962400f37 5008dd8d6c17d2%7C37c354b285b047f5b22 207b48d774ee3%7C0%7C0%7C638822217 569988719%7CUnknown%7CTWFpbGZsb3 d8eyJFbXB0eU1hcGkiOnRydWUsIIYiOiIwLj AuMDAwMCIsIIAiOiJXaW4zMiIsIkFOljoiTWF	



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					pbClsIldUljoyfQ%3D%3D%7C0%7C%7C%7 C&sdata=QQeEWy5yb1vGfQ6vFHawRVWH AnUoSQCeRu5dcBofaYU%3D&reserved=0) Ensuring information and advice is in formats that is accessible and can easily be understood is essential. Additional reference around information, support and advice to parents/carers and wider support or care providers.	
9	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you	The Royal College of General Practitioners supports these guidelines as Headache is a common and challenging presentation. Headache is one of the most common reasons for patients to visit general practice in the UK. It's estimated that around 4-5% of all consultations in primary care are related to headache. This makes it a very frequent presenting symptom.	Thank you for your comment.



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10	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	We strongly support downgrading from 'offer' to 'consider' for propranolol and topiramate. It better reflects concerns about propranolol overdose risk (HSSIB report) and teratogenicity risks of topiramate (MHRA Pregnancy Prevention Programme). In primary care, this provides GPs more flexibility for tailored, safer decision-making.	Thank you for your comment.
11	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of	We recommend highlighting that while topiramate is effective, risk communication and contraception counselling must be robust and documented in the primary care record to align with MHRA requirements. A template or standardised checklist could be helpful for implementation.	Thank you for your comment. We will pass your comments on to the implementation team.



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12	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale. Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated	Given the concerns around propranolol toxicity, NICE could advise considering alternative first-line agents in individuals with significant depressive symptoms or self-harm history — this would support safer primary care prescribing decisions.	Thank you for your comment. We will pass your comments on to the surveillance team for them to consider when they review this guideline for update.
				prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance		



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13	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	It is important to clarify that dose titration and withdrawal effects for amitriptyline should be discussed with patients at initiation, referencing NICE NG215 (Medicines associated with dependence or withdrawal symptoms), to ensure informed consent.	Thank you for your comment. NICE Guidance NG215 is cross referenced from this guideline.
14	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the	We believe that shared decision-making tools, including decision aids around migraine prophylaxis options, could improve patient engagement and safety. Particularly important where all three agents have material risks.	Thank you for your comments. We will pass your comments on to the implementation team and to the surveillance team for them to consider when they review this guideline for update.



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15	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits	NICE only include three preventatives and one or more are likely to be unacceptable to some people with chronic migraine: topiramate unsuitable for pre-menopausal women; propranolol for people with a history of asthma or wheeze, or suicidal risks; tricyclics - suicidal risks and cardiovascular problems. As the recommendation is to try three preventatives before moving to the next level of intervention, NICE should appraise other medicines that may be used e.g. review the place of ARBs (candesartan etc)	Thank you for your comment. We will pass your comments on to the surveillance team for them to consider when they review this guideline for update.



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				and harms associated with the use of these medicines? If you disagree please provide a rationale.		
16	SH	Royal College of General Practitioners	Surveillanc e Consultati on- NICE guideline CG150	Do you agree with the proposal to change recommendation 1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	Overall, we suspect these guidelines were written for GPs and first line clinicians, yet it is clear they were written by neurologists hence making them informative but less applicable to practice.	Thank you for your comment. We will pass your comments on to the implementation team.
17	SH	The Migraine Trust	Surveillanc e Consultati	Do you agree with the proposal to change recommendation	The Migraine Trust supports this change. We feel this is a fair and reasonable reflection of current evidence, and better reflects the	Thank you for your comments. As part of the NICE project to bring our guidance together by topic, the relevant



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			on- NICE guideline CG150	1.3.17 about the use of propranolol and topiramate for the prevention of migraine to make it a 'consider' recommendation alongside amitriptyline to better reflect the balance between the benefits and harms associated with the use of these medicines? If you disagree please provide a rationale.	balance of benefits and harms associated with all three medicines. The change supports the belief of The Migraine Trust that people with migraine should have access to a wide range of treatments, which can be tailored to an individual's preferences and needs. We do want to highlight that other preventative medicines including Calcitonin Gene-Related Peptide (CGRP) monoclonal antibodies are not included in CG150 and would urge this to be considered as part of a wider review.	technology appraisals for migraine treatments will be incorporated into this guideline. We will also pass your comments on to the surveillance team for them to consider when they review this guideline for update.

\*None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.